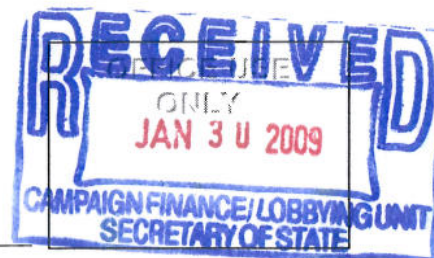


CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS



Name of Candidate Jim Hood
Address Post Office Box 16647, Jackson, MS 39236 County Chickasaw
Telephone (Work) 601-359-3690 (Home) _____ (Fax) _____
Contact Name Melanie Webb Email Address mel@melaniewebb.net
Office Sought Attorney General Political Party Democratic

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ____ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
____ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
X January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	+	\$	\$
81,500.00.66	\$11,600.00	\$93,100.66	\$93,100.66
Total amount of disbursements \$	+	\$	\$
\$61,162.68	\$437.74	\$61,600.42	\$61,600.42
Total amount of cash on hand \$		\$31500.24	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Jim Hood
(Signature of Candidate)

01-28-2009
(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Jim HoodReporting period January 1, 2008 through December 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name Image Gallery	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1036 Highway 51 North	01 / 10 / 08	\$ 165.06
City, State, Zip Code Madison, MS 39110	06 / 05 / 08	\$ 151.68
Purpose of Disbursement (Optional) Newspaper Art	Aggregate Year-to-date	\$ 316.74
B. Full name A T & T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 105262	01 / 10 / 08	\$ 3.46
City, State, Zip Code Atlanta, GA 30348	01 / 10 / 08	\$ 97.80
Purpose of Disbursement (Optional) Utilities - Phone	Aggregate Year-to-date	\$ 101.26
C. Full name Cellular South	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 519	01 / 10 / 08	\$ 111.14
City, State, Zip Code Meadville, MS 39653	02 / 14 / 08	\$ 110.08
Purpose of Disbursement (Optional) Utilities - Phone	Aggregate Year-to-date	\$ 221.22
D. Full name A T & T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 105262	02 / 19 / 08	\$ 93.96
City, State, Zip Code Atlanta, GA 30348	02 / 27 / 08	\$ 94.77
Purpose of Disbursement (Optional) Utilities - Phone	Aggregate Year-to-date	\$ 289.99
E. Full name Mississippi Democratic Party	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 1583	03 / 06 / 08	\$ 1,000.00
City, State, Zip Code Jackson, MS 39215	05 / 08 / 08	\$ 200.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,200.00
F. Full name Cellular South	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 519	03 / 11 / 08	\$ 111.14
City, State, Zip Code Meadville, MS 39653	04 / 04 / 08	\$ 116.46
Purpose of Disbursement (Optional) Utilities - Phone	Aggregate Year-to-date	\$ 448.82

Name of Candidate or Committee Jim HoodReporting period January 1, 2008 through December 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name Jonathan Compretta/Mike Moore Law Firm	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 10 Canebrake Blvd., Suite 150	03 / 24 / 08	\$ 10,000.00
City, State, Zip Code Flowood, MS	/ /	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 10,000.00
B. Full name United States Postal Service	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 401 E. South St.	03 / 24 / 08	\$ 41.00
City, State, Zip Code Jackson, MS 39201	12 / 17 / 08	\$ 546.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 587.00
C. Full name A T & T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 105262	04 / 14 / 08	\$ 93.33
City, State, Zip Code Atlanta, GA 30348	/ /	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 383.32
D. Full name Squire Knapp Dunn	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1818 N. Street NW, Suite 450	05 / 06 / 08	\$ 5000.00
City, State, Zip Code Washington, DC 20036	07 / 27 / 08	\$ 7,500.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 12,500.00
E. Full name Cellular South	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 519	05 / 08 / 08	\$ 214.55
City, State, Zip Code Meadville, MS 39653	06 / 05 / 08	\$ 351.58
Purpose of Disbursement (Optional) Utilities - Phone	Aggregate Year-to-date	\$ 1,014.95
F. Full name BHG Graphic Design	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 258 Lighthouse Lane	05 / 30 / 08	\$ 230.00
City, State, Zip Code Brandon, MS 39047	/ /	\$
Purpose of Disbursement (Optional) Web Site	Aggregate Year-to-date	\$ 230.00

Name of Candidate or Committee Jim HoodReporting period January 1, 2008 through December 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name Cellular South	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 519	07 / 11 / 08	\$ 190.89
City, State, Zip Code Meadville, MS 39653	08 / 11 / 08	\$ 111.50
Purpose of Disbursement (Optional) Utilities - Phone	Aggregate Year-to-date	\$ 1,317.34
B. Full name American Legion	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address I-55 Frontage Road South	06 / 03 / 08	\$ 250.00
City, State, Zip Code Jackson, MS	/ /	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250.00
C. Full name Southwest Airlines	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 36647 - 1CR	07 / 28 / 08	\$ 591.00
City, State, Zip Code Dallas, Texas 75235-1647	/ /	\$
Purpose of Disbursement (Optional) Flight	Aggregate Year-to-date	\$ 591.00
D. Full name American Airlines	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4255 Amon Carter Blvd. MD 2400	10 / / 08	\$ 1,714.99
City, State, Zip Code Fort Worth, TX 76155-2603	/ /	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,714.99
E. Full name Squire Knapp Dunn	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1818 N. Street NW, Suite 450	12 / / 08	\$ 11,168.46
City, State, Zip Code Washington, DC 20036	/ /	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 23,668.46
F. Full name Sam's Club #8271	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 6360 Ridgewood Court Dr	12 / 11 / 08	\$ 514.67
City, State, Zip Code Jackson, Mississippi	/ /	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 514.67

Name of Candidate or Committee Jim HoodReporting period January 1, 2008 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name Jimmy Hood	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 112 N. Jefferson St.	03 / 24 / 08	\$ 5,000.00
City, State, Zip Code Houston, MS 38851	□ / □ / □	\$
Purpose of Disbursement (Optional) Reimbursement	Aggregate Year-to-date	\$ 5,000.00
B. Full name Jim Hood	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 16647	03 / 11 / 08	\$ 1,263.65
City, State, Zip Code Jackson, MS 39236	04 / 12 / 08	\$ 1,552.96
Purpose of Disbursement (Optional) Campaign expenses	Aggregate Year-to-date	\$ 2,816.61
C. Full name Jim Hood	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 16647	06 / 12 / 08	\$ 586.78
City, State, Zip Code Jackson, MS 39236	08 / 12 / 08	\$ 1,576.34
Purpose of Disbursement (Optional) Campaign expenses	Aggregate Year-to-date	\$ 4,979.73
D. Full name Jim Hood	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 16647	10 / 06 / 08	\$ 2537.83
City, State, Zip Code Jackson, MS 39236	11 / 04 / 08	\$ 976.56
Purpose of Disbursement (Optional) Campaign expenses	Aggregate Year-to-date	\$ 8,494.12
E. Full name Cellular South	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 519	09 / 12 / 08	\$ 113.50
City, State, Zip Code Meadville, MS 39653	10 / 12 / 08	\$ 111.50
Purpose of Disbursement (Optional) Utilities - Phone	Aggregate Year-to-date	\$ 1542.34
F. Full name Cellular South	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 519	11 / 12 / 08	\$ 113.50
City, State, Zip Code Meadville, MS 39653	12 / 12 / 08	\$ 111.50
Purpose of Disbursement (Optional) Utilities - Phone	Aggregate Year-to-date	\$ 1,767.34

Name of Candidate or Committee Jim HoodReporting period January 1, 2008 through December 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name State Farm Insurance	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 112 Meadow Lane	04 / 01 / 08	\$ 84.79
City, State, Zip Code Houston, MS 38851	05 / 01 / 08	\$ 84.79
Purpose of Disbursement (Optional) Insurance	Aggregate Year-to-date	\$ 169.52
B. Full name State Farm Insurance	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 112 Meadow Lane	06 / 01 / 08	\$ 84.79
City, State, Zip Code Houston, MS 38851	07 / 01 / 08	\$ 84.79
Purpose of Disbursement (Optional) Insurance	Aggregate Year-to-date	\$ 339.04
C. Full name State Farm Insurance	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 112 Meadow Lane	08 / 01 / 08	\$ 84.79
City, State, Zip Code Houston, MS 38851	09 / 01 / 08	\$ 84.79
Purpose of Disbursement (Optional) Insurance	Aggregate Year-to-date	\$ 508.56
D. Full name State Farm Insurance	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 112 Meadow Lane	10 / 01 / 08	\$ 84.79
City, State, Zip Code Houston, MS 38851	11 / 01 / 08	\$ 84.79
Purpose of Disbursement (Optional) Insurance	Aggregate Year-to-date	\$ 678.08
E. Full name State Farm Insurance	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 112 Meadow Lane	12 / 01 / 08	\$ 84.79
City, State, Zip Code Houston, MS 38851	/ /	\$
Purpose of Disbursement (Optional) Insurance	Aggregate Year-to-date	\$ 762.87
F. Full name Jim Hood	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 16647	11 / 12 / 08	\$ 1440.43
City, State, Zip Code Jackson, MS 39236	/ /	\$
Purpose of Disbursement (Optional) Campaign Expense	Aggregate Year-to-date	\$ 9,934.55

Name of Candidate or Committee Jim HoodReporting period January 1, 2008 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name The University Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 210 E. Capitol St.	12 / 08 / 08	\$ 530.75
City, State, Zip Code Jackson, MS 39201	/ /	\$
Purpose of Disbursement (Optional) Holiday Fundraiser	Aggregate Year-to-date	\$ 530.75
B. Full name Jacob Ray	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 16647	12 / 08 / 08	\$ 800.00
City, State, Zip Code Jackson, MS 39236	/ /	\$
Purpose of Disbursement (Optional) Reimbursement for Fundraiser - band	Aggregate Year-to-date	\$ 800.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	/ /	\$
City, State, Zip Code	/ /	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	/ /	\$
City, State, Zip Code	/ /	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	/ /	\$
City, State, Zip Code	/ /	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	/ /	\$
City, State, Zip Code	/ /	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Jim Hood
 Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>W. H. Liston</u>	02 / 25 / 08	\$ 5,000.00
Mailing Address <u>1357 Highway 407</u>	□ / □ / □	\$
City, State, Zip Code <u>Winona, MS 38967</u>	□ / □ / □	\$
Name of Employer (Required) <u>Liston and Lancaster</u>	□ / □ / □	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ 5,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Roger W. Sant</u>	03 / 5 / 08	\$ 1,000.00
Mailing Address <u>2100 Pennsylvania Ave., N. W.</u>	□ / □ / □	\$
City, State, Zip Code <u>Washington, DC 20037</u>	□ / □ / □	\$
Name of Employer (Required) <u>Retired</u>	□ / □ / □	\$
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ 1,000.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Anthony Gelderman</u>	03 / 13 / 08	\$ 5,000.00
Mailing Address <u>2727 Prytania Street</u>	□ / □ / □	\$
City, State, Zip Code <u>New Orleans, LA 70130</u>	□ / □ / □	\$
Name of Employer (Required) <u>Bernstein, Litowitz, Bergen & Grossman, LLP</u>	□ / □ / □	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ 5,000.00
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>South Central Carpenters Regional Council, PAC</u>	03 / 13 / 08	\$ 2,500.00
Mailing Address <u>7970 Crestwood Blvd., Suite B</u>	□ / □ / □	\$
City, State, Zip Code <u>Irondale, AL 35210</u>	□ / □ / □	\$
Name of Employer (Required) <u>South Central Carpenters Regional Council, PAC</u>	□ / □ / □	\$
Occupation (Required) <u>Carpenters Association</u>	Aggregate year-to-date	\$ 2,500.00

Name of Candidate or Committee Jim HoodReporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Thomas H. Rhoden</u>		<u>04</u> / <u>07</u> / <u>08</u>	\$ 5,000.00
Mailing Address <u>Post Office Box 1684</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39236</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Thomas H. Rhoden, P.A.</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 5,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Danny E. Cupit</u>		<u>06</u> / <u>19</u> / <u>08</u>	\$ 5,000.00
Mailing Address <u>Post Office Box 2292</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Danny Cupit Law Firm</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 5,000.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>PLLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>The Martin Law Group, PLLC</u>		<u>08</u> / <u>07</u> / <u>08</u>	\$ 1,000.00
Mailing Address <u>5709 Highway 80 West</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39209</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>The Martin Law Group, PLLC</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Legal</u>		Aggregate year-to-date	\$ 1,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Donald Clark</u>		<u>09</u> / <u>20</u> / <u>08</u>	\$ 1,000.00
Mailing Address <u>Post Office Box 2256</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39225</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Butler Snow Law Firm</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Jim HoodReporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Shawn M. Raiter</u>		<u>11</u> / <u>25</u> / <u>08</u>	\$ 250.00
Mailing Address <u>0674 Alvarado Ct.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Inver Grove Heights, MN 55077</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Neil N. Lapidus</u>		<u>11</u> / <u>25</u> / <u>08</u>	\$ 250.00
Mailing Address <u>2200 Hollybush Road</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Medina, MN 55340</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John Himle</u>		<u>11</u> / <u>25</u> / <u>08</u>	\$ 250.00
Mailing Address <u>13908 Emerald Ridge</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Minnetonka, MN 55305</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>PLLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lockridge, Grindal, Nauen, PLLC</u>		<u>11</u> / <u> </u> / <u>08</u>	\$ 2,500.00
Mailing Address <u>100 Washington Avenue South, Suite 2200</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Minneapolis, MN 55401</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Lockridge, Grindal, Nauen, PLLC</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Legal</u>		Aggregate year-to-date	\$ 2,500.00

Name of Candidate or Committee Jim HoodReporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ruben V. Anderson</u>		<u>12</u> / <u>10</u> / <u>08</u>	\$ 1,000.00
Mailing Address <u>Post Office Box 290</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Phelps Dunbar</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 1,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Stephen C. Edds</u>		<u>12</u> / <u>10</u> / <u>08</u>	\$ 500.00
Mailing Address <u>300 Sherbourne Place</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Baker, Donaldson, Bearman,</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tammy E. Davenport</u>		<u>12</u> / <u>10</u> / <u>08</u>	\$ 500.00
Mailing Address <u>575 Lakewood Road</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Vicksburg,, MS 39180</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Good Samaritan Physical Therapy</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Physical Therapy</u>		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLP</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Adams and Reese, LLP</u>		<u>12</u> / <u>10</u> / <u>08</u>	\$ 700.00
Mailing Address <u>111 East Capitol Street, Suite 350</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Adams and Reese, LLP</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 700.00

Name of Candidate or Committee Jim HoodReporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ronald G. Peresich</u>		<u>12</u> / <u>10</u> / <u>08</u>	\$ 1,000.00
Mailing Address <u>Post Office Box 289</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Biloxi, MS 39533</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Page, Mannino, Peresich, and McDermott</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 1,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Thomas E. Whitfield</u>		<u>12</u> / <u>10</u> / <u>08</u>	\$ 500.00
Mailing Address <u>103 Camelia Way</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Brandon, MS 39047</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Forman, Perry, Watkins, Krutz, and Tardy</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Marshall Alexander</u>		<u>12</u> / <u>10</u> / <u>08</u>	\$ 1,000.00
Mailing Address <u>Post Office Box 5101</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Brandon, MS 39047</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Realty Mortgage Corp.</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Loan Officer</u>		Aggregate year-to-date	\$ 1,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Danny E. Cupit</u>		<u>12</u> / <u>10</u> / <u>08</u>	\$ 1,400.00
Mailing Address <u>P. O. Box 22929</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Danny Cupit Law Firm</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 6,400.00

Name of Candidate or Committee Jim HoodReporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dorsey Carson		12 / 10 / 08	\$ 1,000.00
Mailing Address 2037 London Ave.		□ / □ / □	\$
City, State, Zip Code Jackson, MS 39211		□ / □ / □	\$
Name of Employer (Required) Burr, Forman		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 1,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name John D. Calhoun		12 / 10 / 08	\$ 1,000.00
Mailing Address 3 Southern Oaks		□ / □ / □	\$
City, State, Zip Code Jackson, MS 39056		□ / □ / □	\$
Name of Employer (Required)		□ / □ / □	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Malt Beverage Association, Six PAC		12 / 10 / 08	\$ 500.00
Mailing Address Post Office Box 1132		□ / □ / □	\$
City, State, Zip Code Jackson, MS 39215		□ / □ / □	\$
Name of Employer (Required) Mississippi Malt Beverage Association, Six PAC		□ / □ / □	\$
Occupation (Required) Beverage association		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Roderick L. Hill		12 / 10 / 08	\$ 1,000.00
Mailing Address 1211 Riverside Dr.		□ / □ / □	\$
City, State, Zip Code Jackson, MS 39205		□ / □ / □	\$
Name of Employer (Required) IMS Engineering		□ / □ / □	\$
Occupation (Required) President		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Jim HoodReporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>PLLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Robinson, Biggs, Ingram, Solop, & Farris, PLLC</u>		<u>12</u> / <u>10</u> / <u>08</u>	\$ 500.00
Mailing Address <u>Post Office Box 14028</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39236</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Robinson, Biggs, Ingram, Solop, & Farris, PLLC</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Legal</u>		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Scott E. Address</u>		<u>12</u> / <u>10</u> / <u>08</u>	\$ 500.00
Mailing Address <u>758 Arlington St.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39202</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Balch and Bingham</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Crowell Armstrong</u>		<u>12</u> / <u>10</u> / <u>08</u>	\$ 250.00
Mailing Address <u>113 Park Ave.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Madison, MS 39110</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Lobbyist</u>		Aggregate year-to-date	\$ 250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tommie S. Cardin</u>		<u>12</u> / <u>10</u> / <u>08</u>	\$ 1,000.00
Mailing Address <u>303 Bordeaux Dr.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Clinton, MS 39056</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Butler Snow</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Jim HoodReporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Bobby Brown		12 / 10 / 08	\$ 250.00
Mailing Address Post Office Box 2525		□ / □ / □	\$
City, State, Zip Code Madison, MS 39130		□ / □ / □	\$
Name of Employer (Required) Custom Building Maintenance		□ / □ / □	\$
Occupation (Required) Building Maintenance		Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name William L. Smith		12 / 10 / 08	\$ 500.00
Mailing Address 1200 Meadowbrook, Unit 18		□ / □ / □	\$
City, State, Zip Code Jackson, MS 39208		□ / □ / □	\$
Name of Employer (Required) Balch and Bingham		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Reuben V. Anderson		12 / 10 / 08	\$ 1,000.00
Mailing Address Post Office Box 290		□ / □ / □	\$
City, State, Zip Code Jackson, MS 39205		□ / □ / □	\$
Name of Employer (Required) Phelps Dunbar Law Firm		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Willie T. Abston		12 / 10 / 08	\$ 250.00
Mailing Address 60 Grandview Circle		□ / □ / □	\$
City, State, Zip Code Brandon, MS 39042		□ / □ / □	\$
Name of Employer (Required) Butler, Snow, O'Mara, Stevens, and Cannada		□ / □ / □	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Jim HoodReporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLP</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Adams and Reese, LLP</u>		<u>12</u> / <u>10</u> / <u>08</u>	\$ 700.00
Mailing Address <u>4500 One Shell Square</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>New Orleans, LA 70139</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Adams and Reese, LLP</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 700.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Barbara Ricks</u>		<u>12</u> / <u>10</u> / <u>08</u>	\$ 1,000.00
Mailing Address <u>406 Roses Bluff Dr.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Madison, MS 39110</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Book Services</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 1,000.00
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Electric Power Associations of Mississippi State PAC</u>		<u> </u> / <u>10</u> / <u> </u>	\$ 300.00
Mailing Address <u>Post Office Box 3300</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39158</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Electric Power Associations of Mississippi State PAC</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Power Association</u>		Aggregate year-to-date	\$ 300.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Business Law for Everyone, LLC</u>		<u>12</u> / <u>18</u> / <u>08</u>	\$ 250.00
Mailing Address <u>2012 Springridge Dr.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39211</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Business Law for Everyone, LLC</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Legal</u>		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Jim HoodReporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ricky J. Cox</u>		<u>12</u> / <u>18</u> / <u>08</u>	\$ 500.00
Mailing Address <u>21 Colonel Wink Dr.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Gulfport, MS 39507</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Balch and Bingham</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jonathan Dyal</u>		<u>12</u> / <u>17</u> / <u>08</u>	\$ 500.00
Mailing Address <u>9630 Oak Island Road</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Gulfport, MS 39053</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Balch and Bingham</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lundy and Davis, LLC</u>		<u>12</u> / <u>10</u> / <u>08</u>	\$ 250.00
Mailing Address <u>713 South Pear Orchard Rd.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Lundy and Davis</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Legal</u>		Aggregate year-to-date	\$ 250.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Reynolds American, Inc.</u>		<u>12</u> / <u>18</u> / <u>08</u>	\$ 1,000.00
Mailing Address <u>Post Office Box 2990</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Winston-Salem, NC 27102</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Reynolds American</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Power Company, State PAC</u>		<u>12</u> / <u>10</u> / <u>08</u>	\$ 4,000.00
Mailing Address <u>Post Office Box 4079</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Gulfport, MS 39502</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Mississippi Power Company, State PAC</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Power association</u>		Aggregate year-to-date	\$ 4,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tim Ford</u>		<u>12</u> / <u>10</u> / <u>08</u>	\$ 500.00
Mailing Address <u>Post Office Box 22587</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39225</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Balch and Bingham</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Roy L. Irons</u>		<u>12</u> / <u>10</u> / <u>08</u>	\$ 250.00
Mailing Address <u>Post Office Box 3119</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Gulfport, MS 39505</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Dentist</u>		Aggregate year-to-date	\$ 250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John T. Kitchens</u>		<u>12</u> / <u>10</u> / <u>08</u>	\$ 1,000.00
Mailing Address <u>146 Planters Grove</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Brandon, MS 39047</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Page, Mannino Law Firm</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Jim HoodReporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John L. Maxey</u>		<u>12</u> / <u>10</u> / <u>08</u>	\$ 1,000.00
Mailing Address <u>2201 East Over Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39211</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Maxey, Wann</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 1,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mike Moore</u>		<u>12</u> / <u>10</u> / <u>08</u>	\$ 500.00
Mailing Address <u>10 Canebrake Blvd., Suite 150</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Mike Moore Law Firm</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>PLLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Owens Moss, PLLC</u>		<u>12</u> / <u>10</u> / <u>08</u>	\$ 250.00
Mailing Address <u>Post Office Box 808</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Owens Moss, PLLC</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Legal</u>		Aggregate year-to-date	\$ 250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>P.A.</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Page, Kruger, Holland, P. A.</u>		<u>12</u> / <u>10</u> / <u>08</u>	\$ 1,000.00
Mailing Address <u>Post Office Box 1163</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39215</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Page, Kruger, & Holland, P.A.</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Legal</u>		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Jim HoodReporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Carlton W. Reeves</u>		<u>12</u> / <u>10</u> / <u>08</u>	\$ 250.00
Mailing Address <u>600 S. Springlake Circle</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Terry, MS 39170</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Pigott, Reeves, and Johnson</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Orlando Richmond</u>		<u>12</u> / <u>10</u> / <u>08</u>	\$ 250.00
Mailing Address <u>Post Office Box 8599</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Columbus, MS 39705</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Orlando R. Richmond, Sr., LLC</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Sage Advice, Inc.</u>		<u>12</u> / <u>10</u> / <u>08</u>	\$ 500.00
Mailing Address <u>4785 I-55 North</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39206</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Sage Advice, Inc.</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Marketing</u>		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ben Stone</u>		<u>12</u> / <u>18</u> / <u>08</u>	\$ 2000.00
Mailing Address <u>Post Office Box 130.00</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Gulfport, MS 39502</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Balch and Bingham</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 2,000.00

Name of Candidate or Committee Jim Hood
 Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>James L. Warren</u>	12 / 10 / 08	\$ 1,000.00
Mailing Address <u>Post Office Box 1005</u>	□ / □ / □	\$
City, State, Zip Code <u>Jackson, MS 39215</u>	□ / □ / □	\$
Name of Employer (Required) <u>Carroll, Warren, and Parker</u>	□ / □ / □	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ 1,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Rob Wells</u>	12 / 10 / 08	\$ 1,000.00
Mailing Address <u>226 Westerfield Road</u>	□ / □ / □	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>	□ / □ / □	\$
Name of Employer (Required) <u>Young Williams, PA</u>	□ / □ / □	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ 1,000.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>David C. Williams</u>	12 / 10 / 08	\$ 1,000.00
Mailing Address <u>Post Office Box 14</u>	□ / □ / □	\$
City, State, Zip Code <u>Clinton, MS 39056</u>	□ / □ / □	\$
Name of Employer (Required) <u>Self/David C. Williams, PLLC</u>	□ / □ / □	\$
Occupation (Required) <u>Medical Doctor</u>	Aggregate year-to-date	\$ 1,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Edward A. Williamson</u>	12 / 10 / 08	\$ 1,000.00
Mailing Address <u>Post Office Box 588</u>	□ / □ / □	\$
City, State, Zip Code <u>Philadelphia, MS 39350</u>	□ / □ / □	\$
Name of Employer (Required) <u>Edward A. Williamson, PA</u>	□ / □ / □	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Jim HoodReporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Partnership</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wright, Phillips & Sanders, Attorneys at Law</u>		<u>12</u> / <u>10</u> / <u>08</u>	\$ 300.00
Mailing Address <u>101 North Van Buren St.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Carthage, MS 39051</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Wright, Phillips, & Sanders, Attorneys at Law</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorneys</u>		Aggregate year-to-date	\$ 300.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>James G. Wyly</u>		<u>12</u> / <u>18</u> / <u>08</u>	\$ 250.00
Mailing Address <u>216 N. Beach</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Bay St. Louis, MS 39520</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Phelps Dunbar</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Geoffrey Morgan</u>		<u>12</u> / <u>10</u> / <u>08</u>	\$ 500.00
Mailing Address <u>112 Farmington Place</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Madison, MS 39110</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>State of Mississippi</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>PLLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Price & Zirulnik</u>		<u>12</u> / <u>10</u> / <u>08</u>	\$ 500.00
Mailing Address <u>Post Office Box 3439</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39207</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Price & Zirulnik</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Legal</u>		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Jim Hood
 Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Buddy Medlin & Associates, Inc.</u>	12 / 10 / 08	\$ 500.00
Mailing Address <u>1009 N. West St.</u>	□ / □ / □	\$
City, State, Zip Code <u>Jackson, MS 09202</u>	□ / □ / □	\$
Name of Employer (Required) <u>Buddy Medlin & Associates, Inc.</u>	□ / □ / □	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Lucien L. Bourgeois</u>	12 / 10 / 08	\$ 250.00
Mailing Address <u>117 Fawnwood Dr.</u>	□ / □ / □	\$
City, State, Zip Code <u>Brandon, MS 39042</u>	□ / □ / □	\$
Name of Employer (Required) <u>Butler Snow</u>	□ / □ / □	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>In Kind Contribution</u>		
Full name <u>Precious Martin</u>	12 / 01 / 08	\$ 2,000.00
Mailing Address <u>5709 Highway 80 West</u>	□ / □ / □	\$
City, State, Zip Code <u>Jackson, MS 39209</u>	□ / □ / □	\$
Name of Employer (Required) <u>The Martin Group</u>	□ / □ / □	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ 2,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>In Kind Contribution</u>		
Full name <u>Worth Thomas</u>	12 / 01 / 08	\$ 1,000.00
Mailing Address <u>200 S. Lamar St., Suite 1050 S</u>	□ / □ / □	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	□ / □ / □	\$
Name of Employer (Required) <u>W.T. Consulting</u>	□ / □ / □	\$
Occupation (Required) <u>Consultant</u>	Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Jim Hood
 Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>PLLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Purdie and Metz, PLLC</u>	12 / 06 / 08	\$ 100.00
Mailing Address <u>Post Office Box 2659</u>	12 / 06 / 08	\$ 100.00
City, State, Zip Code <u>Ridgeland, MS 39158</u>	12 / 06 / 08	\$ 100.00
Name of Employer (Required) <u>Purdie and Metz, PLLC</u>	/ /	\$
Occupation (Required) <u>Legal</u>	Aggregate year-to-date	\$ 300.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>In-Kind Contribution</u>		
Full name <u>Anthony Gelderman</u>	05 / 05 / 08	\$ 986.42
Mailing Address <u>2727 Prytania Street</u>	09 / 21 / 08	\$ 2719.32
City, State, Zip Code <u>New Orleans, LA 70130</u>	/ /	\$
Name of Employer (Required) <u>Bernstein, Litowitz, Bergen & Grossman, LLP</u>	/ /	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ 13,705.74
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Political Organization/In-Kind Contribution</u>		
Full name <u>Democratic Attorneys' General Association</u>	03 / 10 / 08	\$ 798.00
Mailing Address <u>1580 Lincoln St. Suite 1125</u>	05 / 08 / 08	\$ 334.00
City, State, Zip Code <u>Denver, CO 80203</u>	09 / 24 / 08	\$ 102.86
Name of Employer (Required) <u>Democratic Attorneys' General Association</u>	10 / 10 / 08	\$ 1,433.07
Occupation (Required) <u>Attorneys' General Association</u>	Aggregate year-to-date	\$ 2,565.07
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Political Organization/In-Kind Contribution</u>		
Full name <u>Democratic Attorneys' General Association</u>	12 / 10 / 08	\$ 959.30
Mailing Address <u>1580 Lincoln St. Suite 1125</u>	/ /	\$
City, State, Zip Code <u>Denver, CO 80203</u>	/ /	\$
Name of Employer (Required) <u>Democratic Attorneys' General Association</u>	/ /	\$
Occupation (Required) <u>Attorneys' General Association</u>	Aggregate year-to-date	\$ 3,524.37

Name of Candidate or Committee Jim Hood
 Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Cell & Reimbursement</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jim Hood</u>		<u>07</u> / <u>12</u> / <u>08</u>	\$ 77.90
Mailing Address <u>P. O. Box 16647</u>		<u>08</u> / <u>11</u> / <u>08</u>	\$ 273.54
City, State, Zip Code <u>Jackson, MS 39236</u>		<u>08</u> / <u>12</u> / <u>08</u>	\$ 2,413.29
Name of Employer (Required) <u>State of Mississippi</u>		<u>05</u> / <u>12</u> / <u>08</u>	\$ 952.96
Occupation (Required) <u>Attorney General</u>		Aggregate year-to-date	\$ 3,717.69
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Don or Andrea Lazarus</u>		<u>12</u> / <u>06</u> / <u>08</u>	\$ 500.00
Mailing Address <u>209 Harmony Lane</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>McComb, MS 39648</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>PLLP</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Zimmerman, Reed, PLLP</u>		<u>11</u> / <u>25</u> / <u>08</u>	\$ 1,250.00
Mailing Address <u>651 Nicollet Mall, Suite 501</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Minneapolis, MN 55402</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Zimmerman, Reed, PLLP</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Legal</u>		Aggregate year-to-date	\$ 1,250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$